

Master of Applied Gerontology Library Seminar



Ian Gordon, Teaching & Learning Librarian



Master of Applied Gerontology Library Seminar

Agenda

- Brock Library Update
- Brock Library Gerontology Research Guide
- Scholarly peer-reviewed articles
- Evidence-based practice and research
- Search strategies – the art of online searching
- Databases, lots of them
- Citing articles and books using Zotero / zoterobib
- Where to get help!
- Feedback



What are effective strategies to treat loneliness in older adults?

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Makerspace	10am – 4pm
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Ask Us Chat	10am – 10pm

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
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10:49 Ask Us desk Hello and welcome to Ask a Librarian chat! To help us serve you better

10:50 Ask Us desk Excellent, that's great to hear.

10:50 me undergrad, Jenn

10:51 me Got to go, another paper... it never ends!

10:51 Ask Us desk All the best to you. You know where to find us 😊

10:51 me bye



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- develop effective research strategies
- become a confident and independent researcher

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▼ Librarian

Research Consultation (30 minutes) ▾

- ☒ Ian Gordon (he/him) 
- ☐ Colleen MacKinnon
- ☐ Jennifer Thiessen 
- ☐ Cal Murgu 
- ☐ Kimberly Ash 

2. Select Date:

🕒 Sep ▾ 2022 🕒

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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

3. Select Time:

Tuesday, September 27, 2022

Time Zone: Eastern Time - US & Canada ([change](#))

9:00am

12:00pm

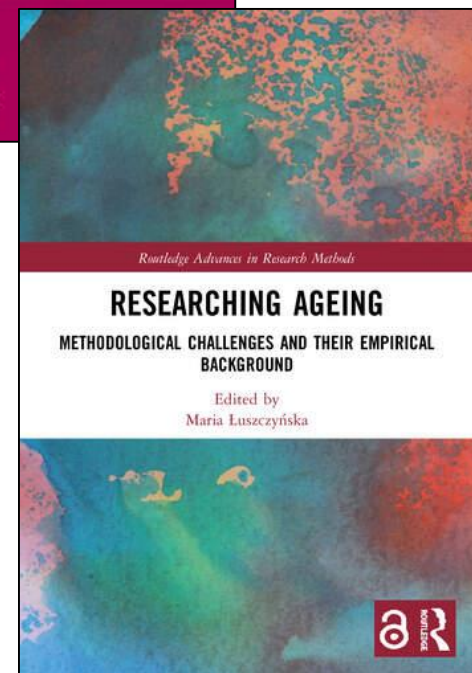
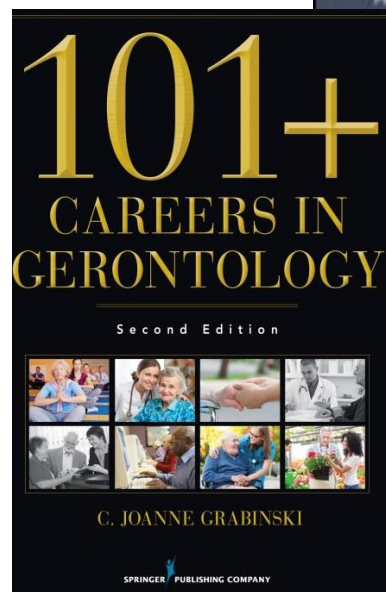
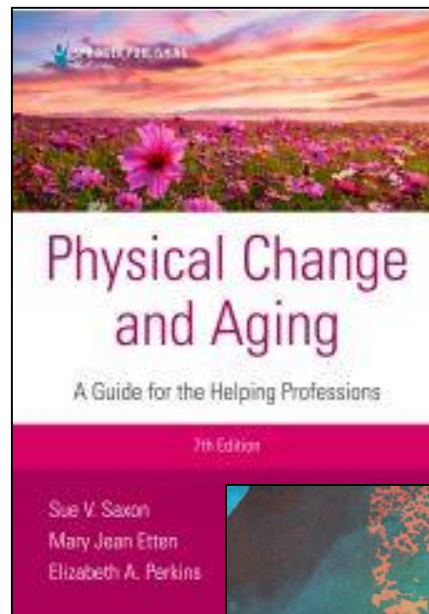
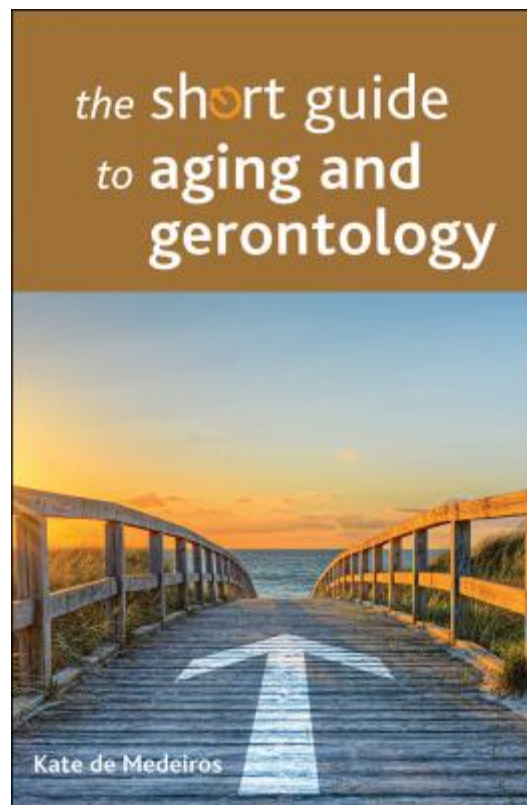
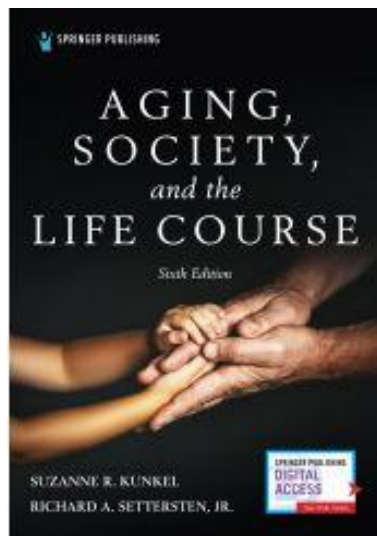
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Search for:

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- ☐ Archives & Special Collections

Search filters

Subject ▼ contains ▼ **social isolation**

AND ▼ Subject ▼ contains ▼ **older people**

OR ▼ Any field ▼ contains ▼ **loneli***

+ ADD A NEW LINE

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Resource Type

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→ OR Any field contains **loneli***

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3





BOOK





Health Care for Older Adults

Santaeugènia Gonzàlez, Sebastià Josep ; Viña, José ; García Navarro, José Augusto ; Tarazona Santabalbina, Francisco José


2021

 OPEN ACCESS

 [Available Online](#) >



4








BOOK

Social Exclusion in Later Life: Interdisciplinary and Policy Perspectives


Walsh, Kieran ; Scharf, Thomas ; Van Regenmortel, Sofie ; Wanka, Anna

2021

 [Available Online](#) >



5








BOOK

Social isolation among older adults during the pandemic


Wister, Andrew, author.; Canada. Employment and Social Development Canada, issuing body.

2021

 [Available Online](#) >



6








BOOK

Social exclusion in later life : interdisciplinary and policy perspectives

Walsh, Kieran (Researcher in gerontology) editor.; Scharf, Thomas, editor.; Van Regenmortel, Sofie, editor.; Wanka, Anna, editor.

2020

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BOOK

Preventing social isolation and loneliness among older people : effectiveness of health promotion interventions

Cattán, Mima.

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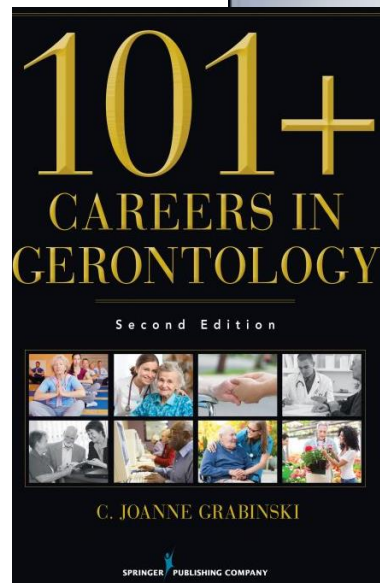
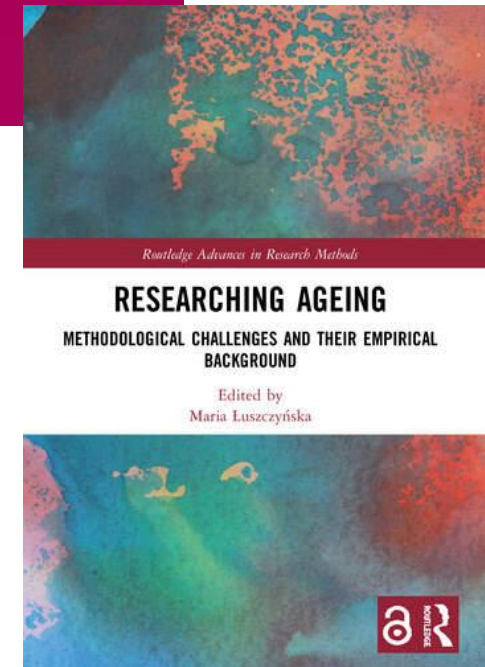
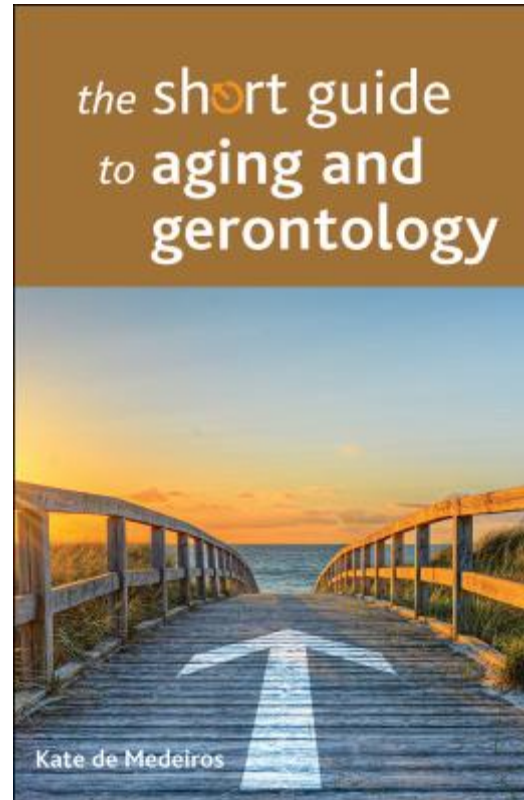
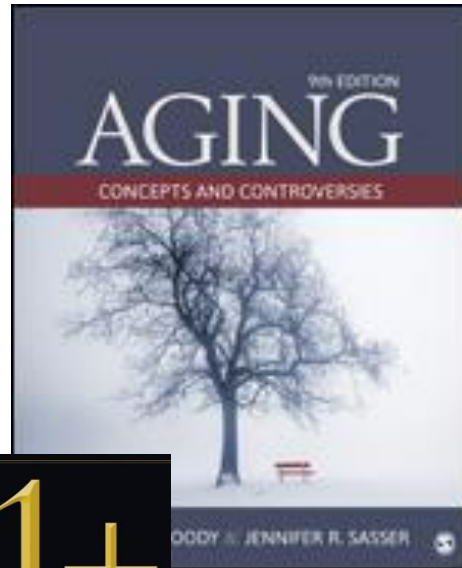
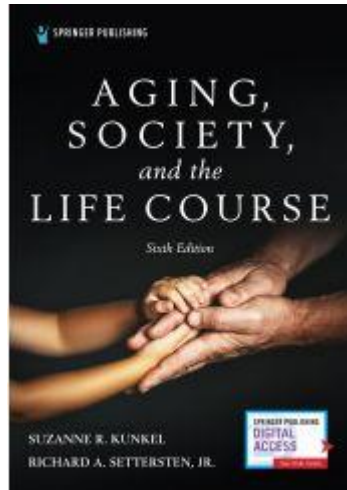
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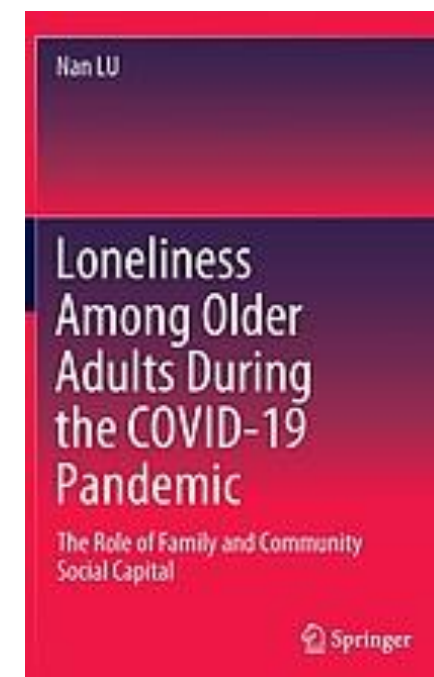
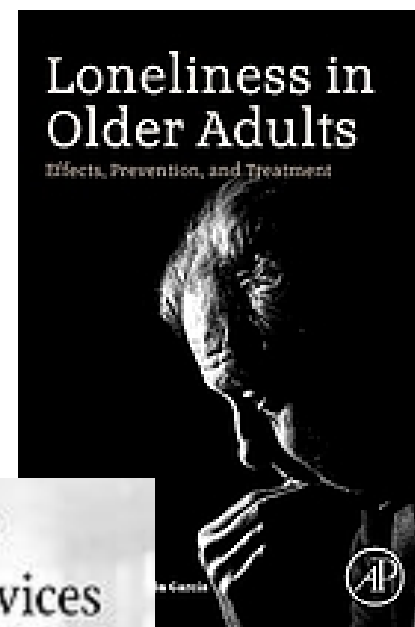
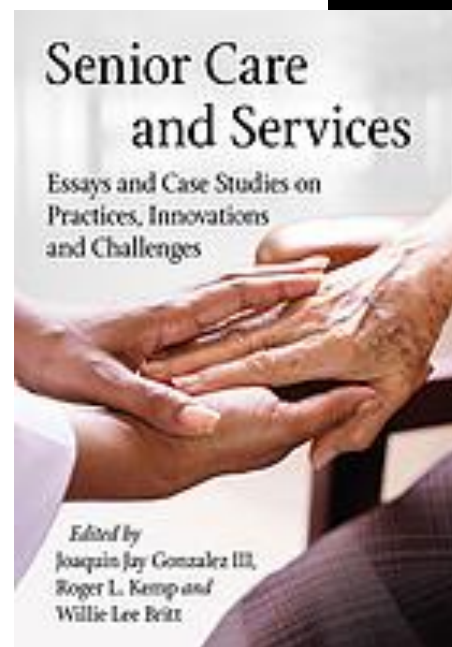
York University

Available in institution



Title	Preventing social isolation and loneliness among older people : effectiveness of health promotion interventions
Author/Creator	Cattán, Mima. >
Publication Date	c2010
Subject	Social work with older people > Social isolation > Loneliness in old age > Older people -- Mental health services > Older people -- Mental health services -- England -- Evaluation > Mental health promotion > Mental health promotion -- England -- Evaluation > Preventive mental health services > Older people -- Social conditions > Socialization > Gerontology >
Identifier	ISBN : 9783838339221 ISBN : 3838339223
Publisher	Saarbrücken, Germany : Lambert Academic Publishing
Format	389 p. : ill. ; 22 cm.
Source	Library Catalog





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Author(s) *

Title *

ISBN

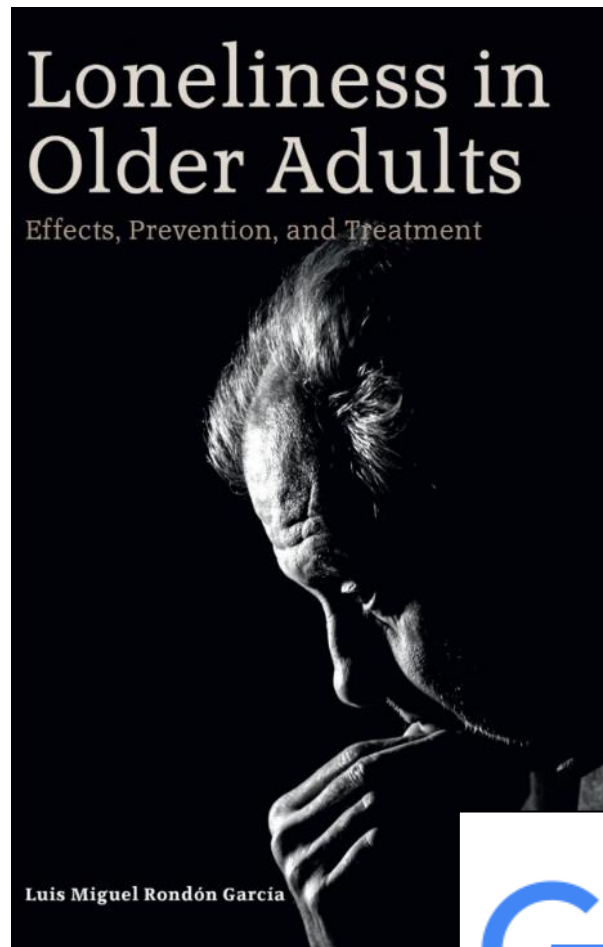
Loneliness in Older Adults

Effects, Prevention, and Treatment



Luis Miguel Rondón García





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Page 1

loneliness in older adults

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Effects, Preve

By Luis Miguel Rondón

Preview

Overview

About this edition

ISBN: 978032391659-2

Published: June 2022

Publisher: Elsevier

Author: Luis Miguel Rondón García

Create citation

Loneliness in Older Adults is a comprehensive review of the phenomenon, taking into account the psychological, social, and cultural aspects, with special emphasis on the prevention and treatment of loneliness. This book provides a comprehensive practice of evidence, theories, debates and proposals, and a critical analysis of the current state of the art.

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CHAPTER 1

Loneliness in aging: concept, typology and characteristics

Introduction

To begin to approach this subject of study, the notion of aging can be understood as the set of morphological, psychological, and social changes that occur in the human being with the action of the passage of time. In essence, it is a term common to all people regardless of context, gender, culture, or any other differentiation that may be appreciated.

The vast majority of definitions refer to old age as a space for the protection of the elderly in the areas of health and care. But this vision limits the ability to deepen this object of study because health has a social dimension that goes beyond the absence of disease, it is an issue influenced by multiple factors. Consequently, the psychological and social dimensions are not always taken into account, when in reality the fact of having an optimal quality of life has a multidimensional component. It is vital to move toward a more humanized vision, more focused on the person that takes into account the needs from a psychological, social, and health point of view beyond the diseases that avoid the stigmatization of the group. In fact, some young people have multiple pathologies, health problems, and for this reason, the health situation is not associated with loneliness.

In a way, this view comes from different studies that point to the causal relationship between loneliness and poor health. But it is worth wondering if it is the loneliness that causes health problems or vice versa. Poor health is what leads to isolation and loneliness. It is a binomial of complex interdependence between health and loneliness, which is fed back in a bidirectional way because the health situation can lead to loneliness and, conversely, chronic loneliness over time to illness. Still, as we say, we cannot simplify the reality of the loneliness of the elderly to the disease, a comprehensive approach of all its dimensions is required, contemplating all

Loneliness in Older Adults

ISBN 978-0-323-91659-2

https://doi.org/10.1016/B978-0-323-91659-2.00001-6

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Loneliness in Older Adults

Effects, Prevention, and Treatment

Luis Miguel Rondón García



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Question

What other Brock Library research guides may be relevant to find scholarly peer-reviewed journal articles?



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GERO 5P98

MAG Library seminar

Notes from a September 21st 2022 MAG Program Library seminar:

Ian's ppt presentation [slides](#) (PDF)

Databases of interest to researchers, students, faculty, and practitioners.

[Brock Library databases](#)

Core HLSC databases include: [Embase](#), [Web of Science Core Collection](#), [CINAHL Complete](#), [PsycINFO](#), and [MEDLINE](#).

Alternate and core databases that provide access to scholarly resources include: [Academic Search Complete](#), [AgeLine](#), [CINAHL Complete](#), [CORE](#), [BASE](#), [Dimensions](#), [Directory of Open Access Journals \(DOAJ\)](#), [Education Source](#), [Embase](#), [ERIC](#), [Evidence-Based Medical Reviews \(EBM\) via OVID](#), [Google Scholar](#), [Health Evidence](#), [Human Kinetics](#), [MEDLINE via OVID](#), [MEDLINE via PubMed](#), [MEDLINE via Web of Science Complete](#), [Nursing & Allied Health Premium](#), [Omni](#), [OSF Preprints](#), [OSF Registries](#), [Paperity](#), [Politics Collection](#), [ProQuest Sociology Collection](#), [PsycINFO](#), [PsycTHERAPY](#), [Scholars Portal E-Journals](#), [SciELO](#), [Scilit](#), [Semantic Scholar](#), [Web of Science Complete](#), [Web of Science Core Collection](#), [WorldCat](#), [WorldWideScience.org](#), and [Zenodo](#).

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Brock Library does not provide access to most disciplinary ebooks, edited ebook collections, and society ebooks.

Lots of videos and short streaming YouTube content on how best to search the new PubMed database.

Writing in the Health Sciences books/ebooks:

[The pathway to publishing: A guide to quantitative writing in the health sciences](#) (Luby & Southern, OER, 2022)

[How to read a paper: The basics of evidence-based medicine](#) (Greenhalgh, 2014)

[Mastering scientific and medical writing: A self-help guide](#) (Rogers, 2014)

[Story, not study: 30 brief lessons to inspire health researchers as writers](#) (Lingard & Watling, 2021)

[Writing for publication in nursing and healthcare: Getting it right](#) (Holland & Watson, 2021)

[What every medical writer needs to know: Questions and answers for the serious medical author](#) (Taylor, 2015)

[Writing for success](#) (Horkoff, Canadian edition, OER, 2021) - a huge classic on writing composition for the university student!

[Health professions education research primer](#) (McMaster, OER, 2022)

[Medical terminology for healthcare professionals](#) (Nelson & Greene, OER, 2021)

[Critical thinking in academic research](#) (Gruwell et al, OER, 2022)

[Writing research proposals in the health Sciences: A step-by-step guide](#) (Schneider & Fuller, 2018)

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Alternate and core databases that provide access to scholarly resources include: Academic Search Complete, AgeLine, CINAHL Complete, CORE, BASE, Dimensions, Directory of Open Access Journals (DOAJ), Education Source, Embase, ERIC, Evidence-Based Medical Reviews (EBM) via OVID, Google Scholar, Health Evidence, Human Kinetics, MEDLINE via OVID, MEDLINE via PubMed, MEDLINE via Web of Science Complete, Nursing & Allied Health Premium, Omni, OSF Preprints, OSF Registries, Paperity, Politics Collection, ProQuest Sociology Collection, PsycINFO, PsycTHERAPY, Scholars Portal E-Journals, SciELO, Scilit, Semantic Scholar, Web of Science Complete, Web of Science Core Collection, WorldCat, WorldWideScience.org, and Zenodo.

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Web of Science Core Collection

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Master of Gerontology

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DATA & STATISTICS

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CITATION MANAGEMENT

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Welcome to the Gerontology Research Guide

Use this guide to find information supporting your learning and research into gerontology topics.



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GERO 5P228

Evidence-based information

Gerontology professionals need evidence-based information to make decisions regarding policy and practice.

Based on the evidence-based information available, and because of the need for evidence-based information, this approach

NICE Clinical Guidelines

EPPI Centre Knowledge Library

Cochrane Database of Systematic Reviews – EBM Reviews

Evidence-Based Reviews

EPC Evidence Reports

Evidence-based nursing/medicine/practice journals

CINAHL Complete

Epistemonikos

TRIP (Turning Research into Practice)

- Synthesized from a large set of data/single studies
- Summarized
- Critically appraised

When selecting evidence, always work down from the highest point of the pyramid and only move to the next stage if evidence is not available at the higher stage.



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Library 9am – 4pm

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GUIDES



RESEARCH
GUIDES



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THE LIBRARY

Systematic reviews, scoping reviews and other evidence syntheses

Overview of evidence synthesis reviews and relevant strategies, tools and resources.

EVIDENCE SYNTHESIS: OVERVIEW

BEFORE YOU START

SYSTEMATIC REVIEWS

SCOPING REVIEWS

DEVELOP A RESEARCH QUESTION

WRITE A PROTOCOL

DEVELOP A SEARCH STRATEGY

DOCUMENTING & REPORTING
YOUR SEARCH

MANAGE CITATIONS

SCREENING RESULTS

EXTRACTING DATA & ASSESSING
QUALITY

REPORTING RESULTS

What is evidence synthesis?

Evidence synthesis:

- also called knowledge synthesis
- uses reproducible and transparent methods to analyze data from multiple primary studies
- refers to evidence that has been:
 - synthesized from a large set of data/studies
 - summarized
 - critically appraised
- synthesized evidence is considered:
 - less biased
 - more rigorous
 - more generalizable

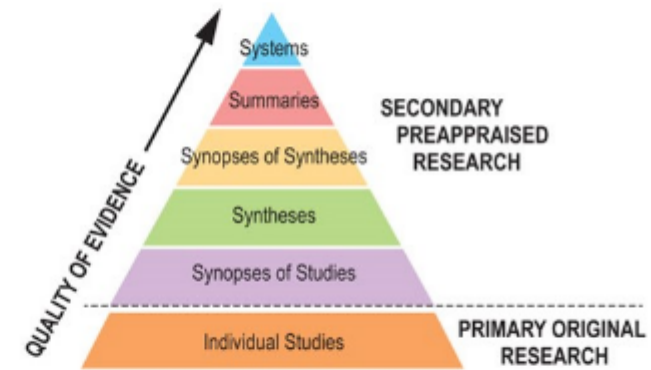
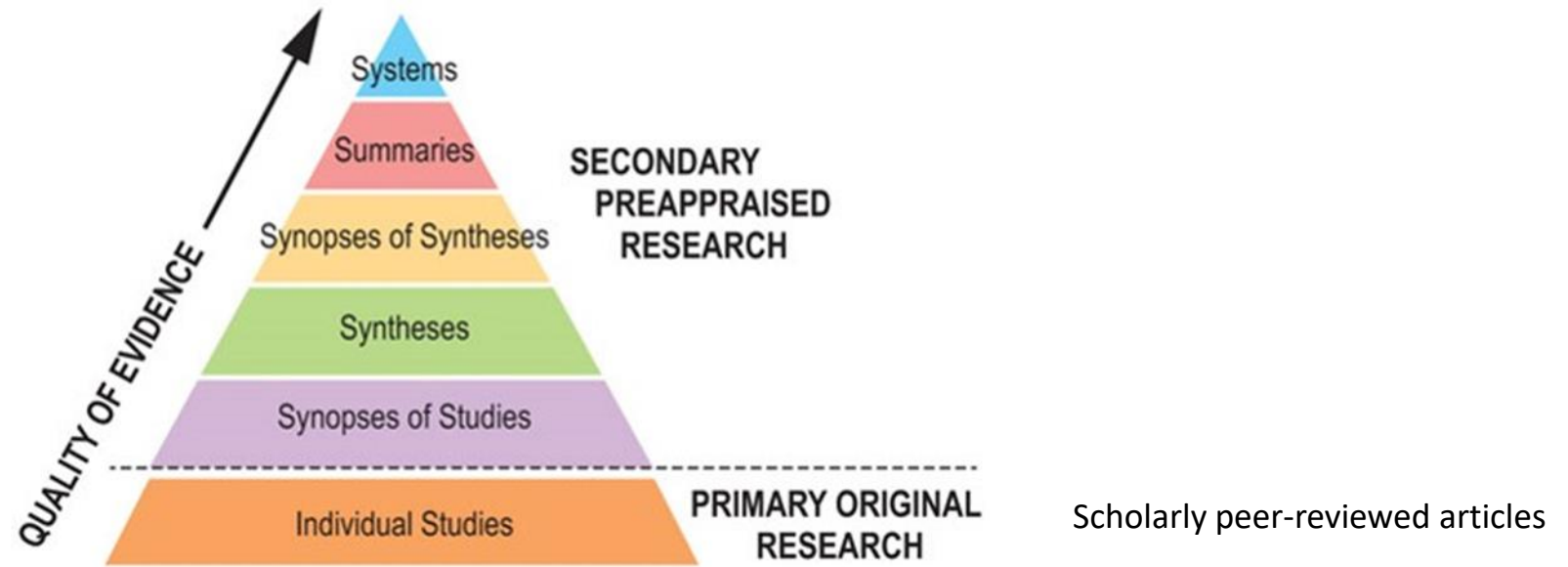


Image: <https://libguides.lib.umanitoba.ca/c.php?g=297452&p=4467117>

Why do we need evidence synthesis?

- Combining and appraising information from multiple studies:
 - helps ensure clinicians use the most appropriate treatment/medication
 - provides evidence-based information to guide health policy and programming
 - reduces unnecessary repetition of research studies



news, statistics, data, opinion, blogs, magazines, trade, occupational, society, government, theses, books/ebooks, dissertations, think tanks, policy papers, findings, speeches, Linkedin, ResearchGate, ORCiD, academia.edu...

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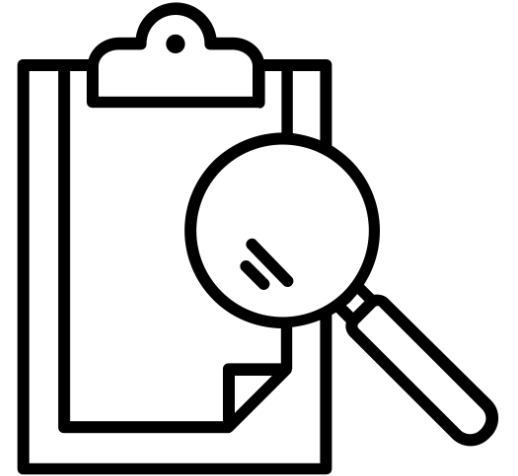
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Scholarly peer-reviewed articles

Question

What do we mean by scholarly peer-review
Journal articles?



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HEALTHIER TOGETHER: CONFRONTING LONELINESS AND HEALTH CARE CHALLENGES AMONG OLDER ADULTS

US Fed News

March 9, 2021 Tuesday 9:32 AM EST

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Length: 1446 words

Body

RICHMOND, Va., March 9 – Virginia Commonwealth University issued the following news release:

Social isolation can be dangerous. And since the arrival of COVID-19, it's been a shared experience of people across the country.

A group of Richmond researchers has long been examining how a lack of social connection can present challenges for older adults that go beyond the inconveniences of being stuck at home. The loss of social activity can be detrimental to their health, not to mention reduce their access to care if they do not have the means to participate in face-to-face or telehealth visits with providers. For low-income older adults, the effect of social isolation has been especially disproportionate.

The Richmond Health and Wellness Program has been partnering with low-income older adults with the goal of understanding how to build a better health care delivery model to meet their needs where they live. The spread of COVID-19 only underscored the value and importance of the efforts.

Since 2012, the Richmond Health and Wellness Program has brought together care partners across disciplines to address health disparities in vulnerable and disabled older adults living in low-income housing through care models that enhance the lives of individuals, decrease health care costs and educate future practitioners. The program, based at the Virginia Commonwealth University School of Nursing, was created by Pamela Parsons, Ph.D., an associate professor and associate dean for practice and community engagement.

Prior to the pandemic, the program operated at five housing locations. They also recently expanded to the new VCU Health Hub at 25th, a freestanding wellness center developed to serve one of the most health disparate populations in the Richmond region. Program participants work with VCU students and faculty to develop wellness plans customized to the health conditions, social needs and resources of each individual. Social connectedness serves as a pathway to improved health and wellness, and the relationships built over time through the program have led to better outcomes.

"Loneliness is such a huge factor, and it's at the forefront of [the National Institutes of Health] to ask what factors related to social isolation are presently influencing health outcomes," Parsons said. "We're teaching the students what that means using evidence-based tools to assess loneliness and making strategies to connect people to services and help set goals to be more socially connected."

The social connection provided by the program - a key element of its success - attracted the attention of the AARP Foundation. In 2019, the foundation awarded a grant to the program to support more formally measuring the influence of social connection on health outcomes. That work has become especially relevant during the pandemic; and the project received a COVID-19 Rapid Research Fund grant from VCU.

OUR EPIDEMIC OF LONELINESS

Even before social distancing, Americans were feeling disconnected from one another **By Vivek Murthy**

ON DEC. 15, 2014, I BEGAN MY TENURE AS THE 19TH SURGEON GENERAL of the U.S. I expected that my focus as the “nation’s doctor” would encompass issues like obesity, tobacco-related disease, mental health and vaccine-preventable illness. But as I embarked on a listening tour of the U.S., one topic kept coming up. It wasn’t a frontline complaint. It wasn’t even identified directly as a health ailment. It was loneliness, and it ran like a dark thread through many of the more obvious issues people brought to my attention, like addiction, violence, anxiety and depression. It wasn’t always easy to tease out cause and effect—in some cases, loneliness was driving health problems; in others, it was a consequence of the illness and hardships that people were experiencing—but clearly there was something about our disconnection from one another that was making people’s lives worse than they had to be.

At a time when we’re being instructed not to leave home or visit loved ones, loneliness may seem like a given, but even before most people knew what “social distancing” was, the pervasiveness of this feeling was apparent. While the experience of loneliness is as old as humanity, recent years, marked by a politicized climate of distrust and division, have felt like an inflection point. Communities are dealing with pressing problems—like climate change, terrorism, poverty, and racial and economic inequities—that require dialogue and cooperation. But even as we live with increasing diversity, it’s easier than ever to restrict our contact, both online and off, to people who resemble us in appearance, views and interests, and dismiss those who don’t share our beliefs or affiliations. The result is a spiral of disconnection that’s contributing to the unraveling of civil society today.

Part of the issue is that we don’t necessarily encounter those who are different from us in our daily lives: according to the Pew Research Center, 68% of suburbanites are white, compared with just 44% of city dwellers. That sets up a racial disconnect between suburban and urban populations. Even in urban centers, people often live in neighborhoods that are segregated by race or socioeconomic status. Meanwhile, millions of Americans in cities, suburbia and rural areas alike are struggling with poverty and without good-paying jobs. This has steeped fear and resentment not only among those who feel they’ve lost status they’re entitled to, but also among those who feel they’ve been too long excluded from their fair share. In 2018, one major poll found that 79% of U.S. adults are concerned that the “negative tone and lack of civility in Washington will lead to violence or acts of terror.” The poll found that sentiment was shared by strong majorities across the political spectrum, ages, income levels, education and regions.

For John Paul Lederach, an international peace builder and expert in conflict transformation, the first step is to promote a mutual sense of belonging. That means meeting and serving people where they live, by

Despite the polarized time in which we live, our community instincts remain alive and well

physically going to their homes or neighborhoods. “A lot of our isolation,” he said, “is the degree to which people feel invisible. So, when you come and show up and have concern and conversation from their location, you’re rehumanizing the situation that has lost that connection at a very deep level.”

Given trends like migration and virtual work and commerce, which make community harder to build and prioritize, we need physical common ground even more than ever.

But what about feuding groups that refuse to share space, whose distrust for each other has ignited into fear and anger? Historically this was how wars were fomented, since it was easy to demonize

an enemy one was never going to encounter personally except on the battlefield. This formula for conflict has ramped up with the advent of 24/7 broadcasting and social media. Technology creates the illusion that we do know our enemies. We see them, we hear them in our own homes every day, at any hour we choose to look, even if the versions that we



ILLUSTRATION BY MARK SMITH FOR TIME

HOW DO VANCOUVER SENIORS EXPERIENCE AND COPE WITH LONELINESS?

by

ALITA DOMMANN

Bachelor of Medicine and Bachelor of Surgery, University of Pretoria, 1992

A THESIS SUBMITTED IN PARTIAL FULFILLMENT

OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in

COUNSELLING PSYCHOLOGY

ADLER UNIVERSITY

December 2020

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Thesis Committee

Faculty Advisor: Erik Jensen, PhD

Second Reader: Debbie Clelland, PhD



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Loneliness in the COVID-19 pandemic: Associations with age, gender and their interaction

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Samantha Wells^{a,b,c,f,h,i}, Yeshambel T. Nigatu^a, Damian Jankowicz^j, Hayley A. Hamilton^{a,b,c}

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ARTICLE INFO

Keywords:

Loneliness
Isolation
COVID-19 pandemic
Physical distancing
Age
Gender

ABSTRACT

Loneliness is associated with mental health and thus is of particular concern in the COVID-19 pandemic, due to physical distancing restrictions and shelter-in-place orders. The current study assessed the associations of age, gender and their interaction with loneliness during the COVID-19 pandemic, controlling for other sociodemographic variables. A pooled sample of 3,012 English-speaking Canadian adults aged 18+ years completed a web-based survey in one of three waves. We examined the association between loneliness and age, gender, and their interaction. To examine the association between loneliness and age, we examined the association between age and loneliness in the past week. The results showed that men (AOR = 1.76, 95% CI = 1.33, 2.33) and 60+ years (p = 0.002), loneliness was found. The interaction showed that women had greater odds of loneliness than men among those aged 18–29 years (AOR = 3.53, 95% CI = 1.69, 7.37) and 60+ years (AOR = 2.62, 95% CI = 1.33, 5.17). Special consideration of loneliness among younger and older adult women is needed in service planning. Given inconsistencies with pre-pandemic studies, detailed data collected during the current crisis is essential to inform proactive resource allocation to prevent and treat mental health consequences of the pandemic.

1. Introduction

Loneliness is increasingly recognized as an important public health issue; however, it is still highly understudied in the academic literature (Lim et al., 2020). Often used interchangeably with the term 'isolation', loneliness is a distinct concept reflecting the subjective experience of a perceived discrepancy between actual and desired levels of social engagement (Brooke and Jackson, 2020; Lim et al., 2020). While isolation or being alone sometimes contributes to a sense of loneliness,

some people experience loneliness despite having close connections with friends and/or family. Loneliness has been found to impact both physical and mental health. Longitudinal studies have found loneliness to predict future depression, paranoia, and social anxiety; only the latter of these in turn predicted subsequent loneliness, demonstrating that loneliness is a definitive precursor or contributor to mental health symptoms (Cacioppo et al., 2010; Lim et al., 2016). Longitudinal studies have also found an association between loneliness and future incident coronary heart disease, stroke (Valtorta et al., 2016), cognitive decline

Wickens, C. M., McDonald, A. J., Elton-Marshall, T., Wells, S., Nigatu, Y. T., Jankowicz, D., & Hamilton, H. A. (2021). Loneliness in the COVID-19 pandemic: Associations with age, gender and their interaction. *Journal of Psychiatric Research*, 136, 103–108. <https://doi.org/10.1016/j.jpsychires.2021.01.047>

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<https://doi.org/10.1016/j.jpsychires.2021.01.047>

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10.1016/j.jpsychires.2021.01.047

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Wickens, C. M., McDonald, A. J., Elton-Marshall, T., Wells, S., Nigatu, Y. T., Jankowicz, D., & Hamilton, H. A. (2021). Loneliness in the COVID-19 pandemic: Associations with age, gender and their interaction. *Journal of Psychiatric Research*, 136, 103-108. <https://doi.org/10.1016/j.jpsychires.2021.01.047>

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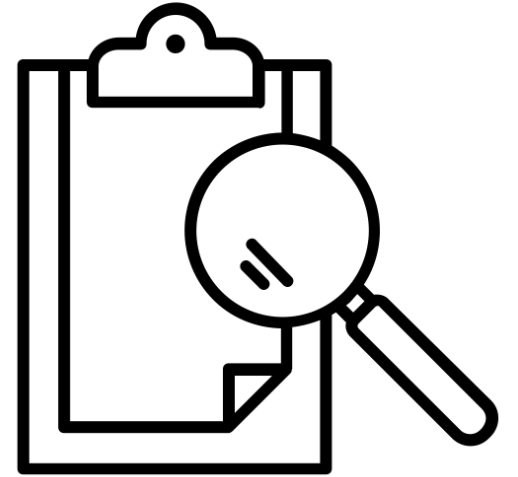
Evidence-based practice and research

Evidence-informed Health care

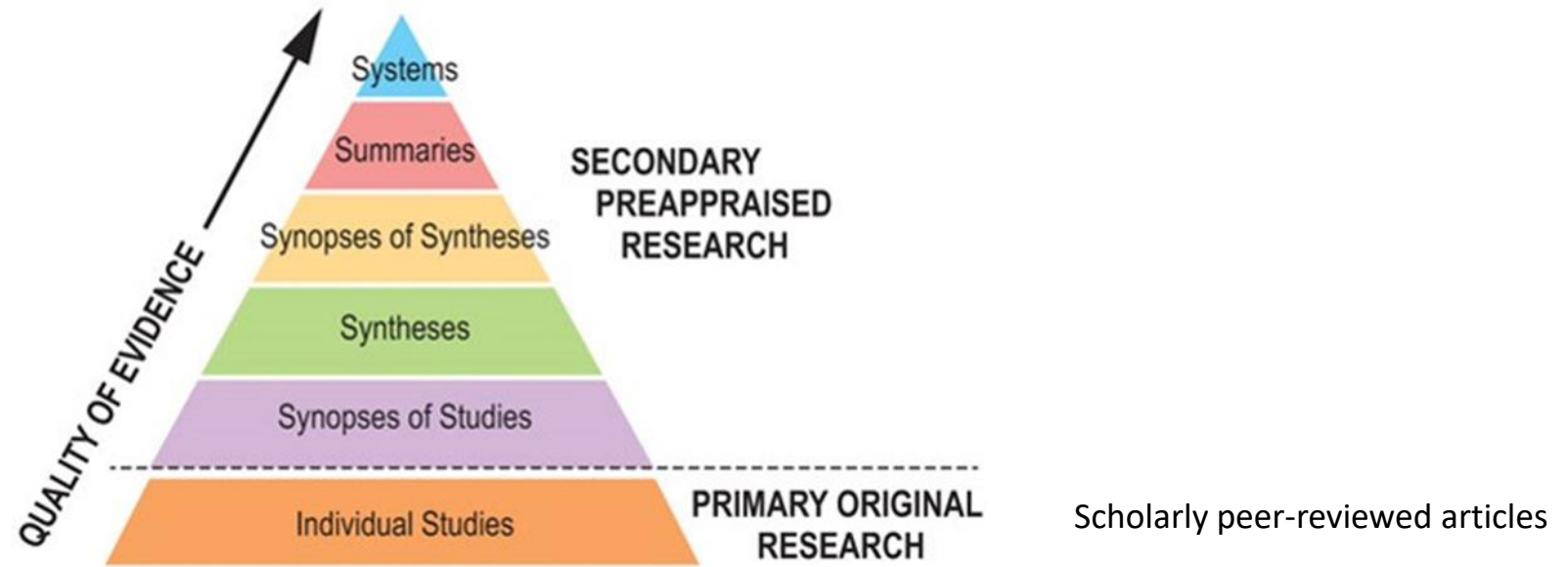
- *"...**Evidence-based health care** is the conscientious use of **current best evidence** in making decisions about the care of individual patients or the delivery of health services.*
- *Current best evidence is **up-to-date information from relevant, valid research** about the effects of different forms of health care, the potential for harm from exposure to particular agents, the accuracy of diagnostic tests, and the predictive power of prognostic factors..."*

Question

Why is synthesized evidence important for research and patient care?



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- * Always work from the top down systematically
- * Select evidence from the highest point of the pyramid (Summaries) if it's available
- * Single-study level should be used only if no synthesized evidence is available
- * Within single-study level: apply the levels of evidence pyramid looking for scholarly peer-reviewed articles

Meta-Search tools – free!

- [Epistemonikos](#) -- multilingual database of systematic reviews & primary studies
 - Basic or advanced search
- [TRIP](#) – Turning Research into Practice
 - Searches & ranks multiple levels of evidence
 - Basic or PICO search
 - Free or Pro versions
 - [Search tips](#)

[PEDro](#) – database of randomized trials, systematic reviews and clinical practice guidelines in physiotherapy

Remember: you may need to go through Library to access full-text of articles!

Research question: PICO framework

Population, patient or problem	
Intervention	
Comparator	
Outcome	

PICO tutorial: <http://cwml-tutorials.blogspot.ca/2010/10/cinahl-video-tutorials-2-formulating.html>

Question

What are effective strategies to treat loneliness in older adults?

What is the PICO that helps to frame this research question?

Population, patient
or problem

Intervention

Comparator

Outcome

What are effective strategies to treat loneliness in older adults?

P: older adults...

I: music therapy, dancing, exercise...

C: other forms of exercise / treatment or no treatment(s)...

O: decrease feelings of loneliness...

Population, patient
or problem

Intervention

Comparator

Outcome

Loneliness at Older Ages in the United States: Lonely Life Expectancy and the Role of Loneliness in Health Disparities

James M. Raymo and Jia Wang

ABSTRACT We provide an empirical foundation for research on the demography of loneliness at older ages. First, we use published life tables and data from the U.S.-based Health and Retirement Study for the period 2008–2016 to calculate lonely life expectancy for Americans aged 55 or older. Using Sullivan indices, we find pronounced differences in lonely life expectancy by educational attainment that correspond to well-established patterns in the dimensions of well-being. Next, we estimate models of lonely life expectancy by racial/ethnic, and educational differences in three key dimensions of well-being explained (in a statistical accounting sense) by loneliness and other factors. We find little evidence of an important role for loneliness in explaining disparities in mortality and the onset of physical disability among Americans aged 55 or older, net of several established correlates of health disparities. These descriptive findings provide an empirical foundation for continued development of a demography of loneliness at older ages in response to the anticipated growth in scientific and policy emphasis on loneliness and the fundamental life changes that have accompanied the COVID-19 pandemic.

KEYWORDS Aging • Health • Health disparities • Life expectancy • Loneliness

Introduction

Loneliness at older ages is currently the subject of much attention. Media accounts of a loneliness epidemic and references to loneliness as a public health crisis are abundant, the United Kingdom and Japan have both appointed ministers of loneliness, and the World Health Organization now defines social support networks as a determinant of health. In the United States, loneliness has been linked to a rise in “deaths of despair” (Case and Deaton 2020), and evidence that loneliness is more pronounced at older ages and at the lower end of the socioeconomic distribution (Carr 2019; Hawkey et al. 2008) suggests its potential role for understanding health disparities among older Americans. Research on loneliness has been particularly abundant in the fields of public health and psychology, with the former typically examining relationships between loneliness and health outcomes, and the latter focusing on the definition and measurement

ELECTRONIC SUPPLEMENTARY MATERIAL The online version of this article (<https://doi.org/10.1215/00703370-9937606>) contains supplementary material.

Raymo, James M., and Jia Wang. “Loneliness at Older Ages in the United States: Lonely Life Expectancy and the Role of Loneliness in Health Disparities.” *Demography*, vol. 59, no. 3, June 2022, pp. 921–47. DOI.org (Crossref), <https://doi.org/10.1215/00703370-9937606>.

Search strategies – the art of online searching

Search tips

- Generate keywords and synonyms for your topic
- Use advanced searching techniques:
 - OR – retrieves articles with ANY of your keywords
 - AND – retrieves articles with ALL of your keywords
- “exact phrase” searching
- Truncation e.g. teen* retrieves teen, teenager, teenaged
- Find the perfect article and note database keywords, controlled language and subject terms e.g. MeSH

What are effective strategies to treat loneliness in older adults?

What are effective strategies to treat loneliness in older adults?

What are the key concepts in this research question?

What are effective strategies to treat loneliness in older adults?

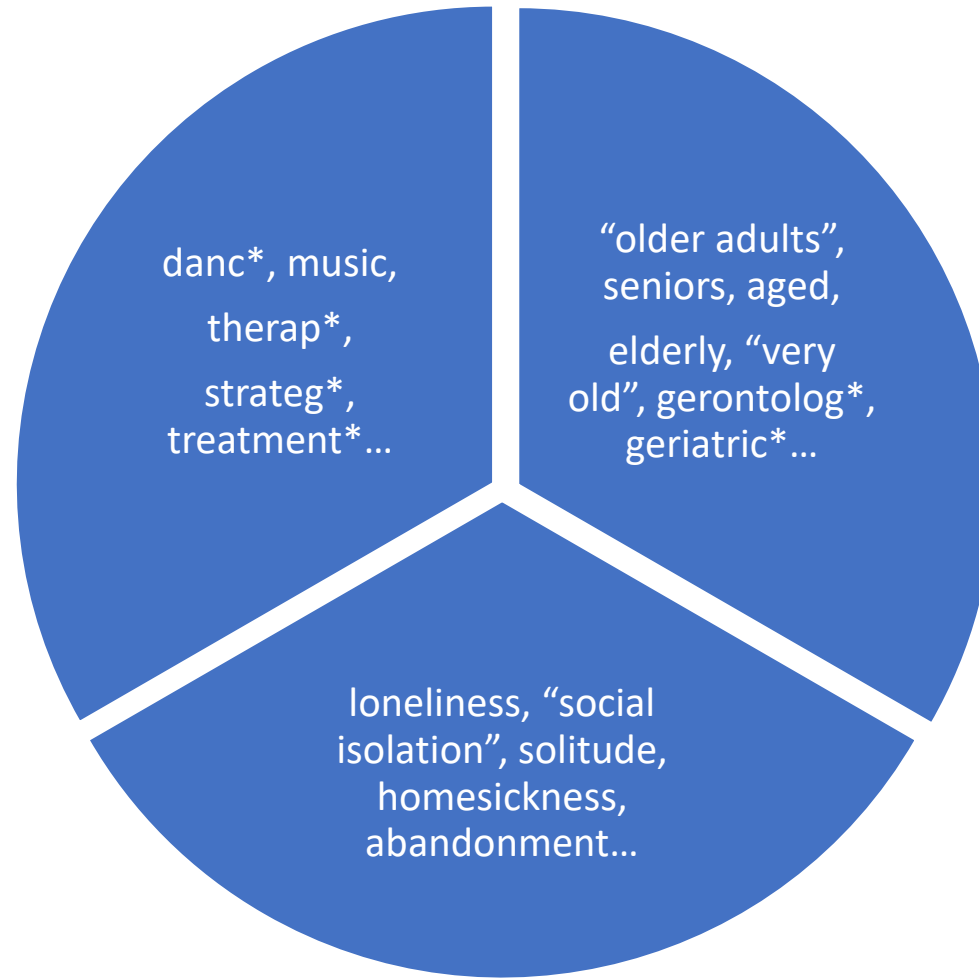
What are effective strategies to treat loneliness in older adults?



What are effective strategies to treat loneliness in older adults?



What are effective strategies to treat loneliness in older adults?



What are effective strategies to treat loneliness in older adults?



Currency of information
Language
Discipline
Format
database

impact...
clinical trials, reviews,
evidence...

What's another word for loneliness [find it](#)

Synonyms Antonyms Definitions Rhymes Sentences Translations Find Words Word For

What is another word for loneliness?



Need *synonyms for loneliness*? Here's a list of *similar words* from our *thesaurus* that you can use instead.

Contexts ▼

The state of being alone, away from people or without company
Isolated or remote from people or places
Sadness, especially because one has no friends or company
The quality or condition of being empty or barren

... more ▼

Noun ▲

The state of being alone, away from people or without company

solitude isolation solitariness lonesomeness seclusion aloneness
friendlessness separation lack of companions lack of friends
lack of company privacy sequestration retirement segregation
detachment separateness withdrawal reclusiveness remoteness
privateness quarantine insulation liveness secludedness silence
confinement reclusion peace and quiet desolation [more >](#)

What are effective strategies to treat loneliness in older adults?

loneliness or “social isolation” or solitude or homesickness or abandon*

AND

danc* or music* or therap* or treat*

AND

“older adults” or senior* or aged or “very old” or gerontolog* or geriatric* or elderly

Language = English

Date = 2000+

Format = peer reviewed scholarly journal articles

Impact, strategies...

clinical trials, reviews

evidence...

Databases – lots of them

Question

What database(s) do you start with, can't avoid, finish with to find evidence-based practice and research?

Alternate and core databases that provide access to scholarly resources include: Academic Search Complete, AgeLine, CINAHL Complete, CORE, BASE, Dimensions, Directory of Open Access Journals (DOAJ), Education Source, Embase, ERIC, Evidence-Based Medical Reviews (EBM) via OVID, Google Scholar, Health Evidence, Human Kinetics, MEDLINE via OVID, MEDLINE via PubMed, MEDLINE via Web of Science Complete, Nursing & Allied Health Premium, Omni, OSF Preprints, OSF Registries, Paperity, Politics Collection, ProQuest Sociology Collection, PsycINFO, PsycTHERAPY, Scholars Portal E-Journals, SciELO, Scilit, Semantic Scholar, Web of Science Complete, Web of Science Core Collection, WorldCat, WorldWideScience.org, and Zenodo.

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Need help?



Step 1: Build a good search strategy

-  [Search strategy worksheet](#)
Use this to build an efficient and effective strategy to find relevant literature.
- [Brock Library Databases - lists of all databases](#)

Search Omni

Use this multi-disciplinary search tool to find books, articles, and more items from across the Library's collection of print and electronic resources.

- Good for getting started on a topic
- Few options for focused searching

Omni

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CINAHL Complete
Embase
Nursing & Allied Health Premium
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MEDLINE - via PubMed
Cochrane Database of Systematic Reviews EBM Reviews
Evidence-Based Medical Reviews
PsycINFO
ProQuest Sociology Collection
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By: Shvedko, A (Shvedko, Anastasia) ^[1]; Whittaker, AC (Whittaker, Anna C.) ^[1]; Thompson, JL (Thompson, Janice L.) ^[1]; Greig, CA (Greig, Carolyn A.) ^[1]

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PSYCHOLOGY OF SPORT AND EXERCISE

Volume: 34 Page: 128-137

DOI: 10.1016/j.psychsport.2017.10.003

Published: JAN 2018

Indexed: 2017-12-29

Document Type: Review

Abstract

Objectives: This article reviews the effects of physical activity (PA) interventions on social isolation, loneliness or low social support in older adults.

Design: Systematic review and meta-analysis of randomised controlled trials (RCTs).

Method: MEDLINE, EMBASE, PsycINFO, the Cochrane CENTRAL, CINAHL, were screened up to February 2017. RCTs comparing PA versus non-PA interventions or control (sedentary) condition were included. Risk of bias was assessed using the 12 criteria Cochrane Review Book Group risk of bias. The outcome measures were: social isolation, loneliness, social support, social networks, and social functioning. Standardised mean differences (SMDs) with associated 95% confidence intervals (CIs) were calculated for continuous outcomes. Meta-analysis was performed using a random effects model.

Results: The search strategy identified 38 RCTs, with a total of 5288 participants, of which 26 had a low risk of bias and 12 had a high risk of bias. Meta-analysis was performed on 23 RCTs. A small significant positive effect favouring the experimental condition was found for social functioning (SMD = 0.30; 95% CI, 0.12 to 0.49; P = 0.001) with strongest effects obtained for PA interventions, diseased populations, group exercise setting, and delivery by a medical healthcare provider. No effect of PA was found for loneliness, social support, or social networks.

Conclusion: This review shows, for social functioning, the specific aspects of PA interventions can successfully influence social health. PA did not appear to be effective for loneliness, social support and social networks.

Keywords

Author Keywords: Systematic review; Randomised controlled trial; Loneliness; Social isolation; Older adults

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Heidari M., Borujeni M.G., Rezaei P., Abyaneh S.K., Heidari K.

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Abstract: Background: Mental disorders are common among the elderly with serious symptoms of depression and social isolation. This study was conducted to investigate the effect of laughter therapy (LT) on depression and quality of life (QOL) of the elderly living in Abadeh nursing homes.
Method(s): This is a controlled semi-experimental study with a pre-test, post-test design. Ninety eligible ones of the elderly living in the Abadeh nursing homes and from July to September 2017, entered the study. Some of the criteria for entering the study include being over 60 years old, orientation, not having blindness and deafness, lack of physical and mental problems. After determining the intervention and control groups, the scale of depression and QOL was administered to the subjects and their scores were collected in the pre-test.
Result(s): Most of the study samples were in the intervention (35.55%) and control (37.77%) group in the age range of 60-69 years. In both intervention and control groups, respectively, 31.11% and 68.88% elderly were males and females. The mean scores of depression in the intervention group after LT ($M = 2.57$) were lower than those before the intervention ($M = 6.87$) [$CI = -5.58-(-3.02)$] and also the results of independent t-test showed a statistically significant difference before and after the intervention between the two groups ($P < 0.001$). The mean score of dimensions of QOL after LT was higher than that before in the intervention and there was a statistically significant difference in all dimensions with paired t-test ($P < 0.001$).
Conclusion(s): Since the implementation of this programme could improve the mental status and QOL of the elderly, this method of therapy can be used as an alternative or complementary model to enhance the health of the elderly.
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Kelly, Peter J. , Ingram, Isabella , Deane, Frank P. , Baker, Amanda L. , McKay, James R. , Robinson, Laura D. , Byrne, Gerard , Degan, Tayla J. , Osborne, Briony , Townsend, Camilla J. , Nunes, Jason L. , & Lunn, Joanne
Addictive Behaviors, Vol 117, Jun 2021, Article 106840
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McIlveen, Rachel , Mitchell, Ryan , Curran, David , Dyer, Kevin , Corry, Mary , DePrince, Anne , Dorahy, Martin , & Hanna, Donncha
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

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Teaming up to traverse loneliness: a co-creative journey toward a home care work model for supporting social participation among older adults

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Abstract

Background: Participatory research is particularly suitable in addressing know-do gaps in health systems. There is a disparity between what is known about the benefits of social participation and home care's responsibility to provide conditions amenable to older adults' social participation, and what is accomplished in home care practice. Home care workers are a large, low-power group, whose competences should be better harnessed. We carried out a participatory action research (PAR) project with the goal of generating an improved structure for identifying and alleviating loneliness. This article aims to explore the co-creative process of designing a work model that guides home care workers in supporting social participation among older care recipients.

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What are effective strategies to treat loneliness in older adults?

Loneliness or “social isolation” or solitude or homesickness or abandon*

AND

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AND

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The effects of reminiscence therapy on psychological well-being, depression, and loneliness among the institutionalized aged

Kai-Jo Chiang^{1,2}, Hsin Chu³, Hsiu-Ju Chang⁴, Min-Huey Chung², Chung-Hua Chen⁵, Hung-Yi Chiou⁶ and Kuei-Ru Chou^{2,7}

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⁷Psychiatric Research Center, Taipei Medical University Hospital, Taipei, Taiwan

Correspondence to: Prof. K.-R. Chou, PhD, E-mail: kueiru@tmu.edu.tw

Objectives: To examine the effects of reminiscence therapy on psychological well-being, depression, and loneliness among institutionalized elderly people.

Methods: In an experimental study design, 92 institutionalized elderly people aged 65 years and over were recruited and randomly assigned to two groups. Those participants in the experimental group received reminiscence therapy eight times during 2 months to examine the effects of this therapy on their psychological well-being.

Results: After providing the reminiscence therapy to the elderly in the experimental group, a significant positive short-term effect (3 months follow-up) on depression, psychological well-being, and loneliness, as compared to those in the comparison group was found.

Conclusions: Reminiscence therapy in this study sample improved socialization, induced feelings of accomplishment in participants, and assisted to ameliorate depression. Copyright © 2009 John Wiley & Sons, Ltd.

Key words: reminiscence therapy; elderly; depression; psychological well-being; loneliness

History: Received 15 April 2009; Accepted 4 June 2009; Published online 20 August 2009 in Wiley InterScience (www.interscience.wiley.com).

DOI: 10.1002/gps.2350

Introduction

With advances in medical technology, the life expectancy of people globally is increasing. This trend has contributed to an aging population worldwide. For example, in 2005 the global elderly population over 65 years of age was 7.4%; this percentile is projected to increase to 16.1% by the year 2050 (United Nations Population Division, 2009). In the United States, there were approximately 38.7 million people aged 65 years and over in 2008; this number is projected to more than double to 88.5 million in 2050 (U.S. Census Bureau, 2008). In Taiwan currently 10.43% (2 402 220)

of the population is over the age of 65, and this ratio is predicted to increase to 14.4% by the year 2020 (Taiwan Council for Economic Planning and Development, 2008).

As people age and move toward retirement they can experience a loss of physiological, psychological, and social function and involvement. Indeed, such losses are variable and not all aged people need care or support, nor are they necessarily dependent; however, in some cases such loss of function and capability can leave the person emotionally and physically vulnerable. For some aged persons, depression, for example, exacerbates the issues surrounding social deprivation,

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